



The school will not give your child medicine unless you complete and sign this form, and the Executive Headteacher has agreed that school staff can administer the medicine.

### DETAILS OF PUPIL

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Male / Female (\*please delete as appropriate)

Class: \_\_\_\_\_

Condition/Illness: \_\_\_\_\_

### MEDICATION

**Parents must ensure that in date, properly labelled medication is supplied**

Name/Type of Medication (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry date: \_\_\_\_\_

### FULL DIRECTIONS FOR USE

Dosage and method: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NB Dosage can only be changed on a Doctor's instructions*

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Are there any side effects that school need to know about? \_\_\_\_\_  
\_\_\_\_\_

Self Administration: Yes / No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

### PARENT/CARER CONTACT DETAILS

Name: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

I understand that I must deliver the medicine personally to the School Office and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### AGREEMENT OF EXECUTIVE HEADTEACHER

I agree that the child named above will receive the described medication and dosage every day at the required time. This child will be given/supervised whilst he/she takes their medication by a staff member. This arrangement will continue until the end of the course of medication or until instructed by parents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Headteacher/authorised member of staff

